

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE
CERTIFIED NURSE MIDWIFE**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit official transcripts or a certificate of completion from an accredited Nurse-Midwife Program.

NOTE 1: As of January 1, 2010, all new applicants for licensure as a Certified Nurse Midwife will be required to have a graduate degree specializing in midwifery.

NOTE 2: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. Submit official documentation of passing the American College of Nurse-Midwives Certification Council Examination – unless you are applying for an intern license.
3. If you are applying by endorsement (*currently licensed in another state*), use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as a nurse. Request that the verifying state complete the form and mail or fax it directly to DOPL.

NOTE: Verification of both your RN and CNM licenses is required.

4. Submit a **\$100.00** non-refundable application-processing fee, made payable to “DOPL.”
5. If you are also applying for a CNM intern license, complete and submit the following **in addition** to the requirements listed above:

- ❑ an “CNM Intern License Request” form (*attached to this application*)
- ❑ an additional \$35.00 non-refundable fee for an intern license (*The total fees for a CNM license and a CNM Intern license are \$135.00.*)

6. If you are also applying for a Utah controlled substance license, complete and submit the following **in addition** to the requirements listed above:

- ❑ a completed take-home “Utah Controlled Substances Law and Rules Examination” (*pages 12 and 13 of this application*)
- ❑ an additional \$90.00 non-refundable fee for a controlled substance license

(The total fees for a CNM license and a Utah Controlled Substance license are \$190.00. The total fees for a CNM license and a CNM Intern license and a Utah Controlled Substance license are \$225.00.)

NOTE: *You cannot prescribe controlled substances as an intern. Therefore, if you are applying for a CNM Intern license and a Controlled Substance license, your controlled substance license will not be issued until full licensure as a CNM is granted.*

ADDITIONAL IMPORTANT INFORMATION:

1. **Licensure Prerequisite:** Before applying for licensure as a CNM you must have a current Utah RN license in good standing or be qualified for a Utah RN license.
2. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Exam. Return the completed examination with your application for licensure if you are applying for a controlled substance license in addition to your CNM license. Do not submit it separately.
3. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a nurse. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Health Care Providers Immunity from Liability Act
 - ☐ Nurse Practice Act
 - ☐ Nurse Practice Act Rules
 - ☐ Nurse Midwife Practice Act
 - ☐ Nurse Midwife Practice Act Rules
 - ☐ Utah Controlled Substance Act
 - ☐ Utah Controlled Substance Act Rules
4. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
5. **Licensure by Endorsement:** If you are applying for licensure by endorsement, you must have a current, active in good standing license in another jurisdiction.
6. **Reinstatement of Utah License:** If you are reinstating your expired or inactive Utah nursing license, please contact DOPL.
7. **Intern License Information:** An Intern license will only be issued to an applicant who has never taken a certification examination and is eligible for an intern license.

You may not apply only for an Intern license. Your application for licensure as a CNM must be submitted prior to or along with the submission of a “CNM Intern License Request” form. The verified information contained in the CNM application will be the basis upon which a decision is made to issue the intern license.

The normal processing time is approximately fifteen (15) working days from the date the request for an Intern license and a complete application is received. You may not work until the Intern license is issued. Do not make commitments to a potential employer to commence work prior to the time DOPL requires to process your intern license.

An Intern license is valid from the date of issuance until the earliest of the following dates:

1. Official notice of failure to pass the examination
2. Failure to take the first scheduled examination following issuance of the intern license

Once you have received your certification examination results, you must forward a copy to DOPL to complete the CNM application process.

8. **Utah Controlled Substance License / DEA Registration:** You must hold a Utah Controlled Substance license and a DEA registration to administer, possess, or prescribe a controlled substance in your practice of nursing in Utah. For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
9. **Consultation and Referral Plan:** A CNM who chooses to prescribe Schedule II - III Controlled Substances must have a completed "Consultation and Referral Plan" on file at the practice site. The "Consultation and Referral Plan" (*attached to this application*) does not need to be submitted to DOPL.
10. **Practice and Referral Plan:** A CNM who provides intrapartum services must have a completed "Practice and Referral Plan" on file at the practice site. The "Practice and Referral Plan" (*attached to this application*) does not need to be submitted to DOPL.
11. **License Renewal:** All CNM licenses expire January 31 of every even-numbered year. Additionally, your controlled substance license will expire at the same time as your CNM license, and you will also be required to renew it at the same time.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

12. **License Issuance:** A license will be printed and mailed to you within three weeks of your receiving a passing score. Do not call DOPL requesting your license number prior to receiving your printed license in the mail.

13. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
14. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
15. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
16. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.
17. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

18. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
19. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

GENERAL INFORMATION

License(s) Applying For: ☐ Certified Nurse Midwife
☐ Certified Nurse Midwife Intern
☐ Utah Controlled Substance License

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a certified nurse midwife in the state of Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

PROFESSIONAL EDUCATION REQUIREMENT: *(Please list most current first; use additional sheets if necessary.)*

Name of School: _____ Dates Attended: _____ to _____

Location: _____ Specialty: _____

Degree Received: _____ Date of Graduation: _____

Name of School: _____ Dates Attended: _____ to _____

Location: _____ Specialty: _____

Degree Received: _____ Date of Graduation: _____

Name of School: _____ Dates Attended: _____ to _____

Location: _____ Specialty: _____

Degree Received: _____ Date of Graduation: _____

NATIONAL CERTIFICATION EXAMINATION REQUIREMENT:

Certifying Body: _____

Examination Taken: _____

Specialty: _____

Number: _____ Expiration: _____

Intern Applicants: Document the examination you intend to take and the date scheduled.

NOTE: After successful completion of the examination, you must submit the results directly to DOPL so your license can be issued.

Examination To-be-Taken: _____

Date Examination is Scheduled: ____/____/____

LICENSES:

List all licenses, registrations, or certifications issued by any jurisdiction which you now hold, have ever held, or have ever applied for in any health care profession. Use additional sheets if necessary.

Original RN License Number: _____ State: _____

Original CNM License Number: _____ State: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: ____/____/____

License Status: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: ____/____/____

License Status: _____

UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1. _____ A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7)(f)(i)(B)]
2. _____ A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription.
[58-37-6(7)(f)(ii)]
3. _____ All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]
4. _____ Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours.
(R156-37-601)
5. _____ All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years.
[R156-37-602(3)]
6. _____ The name, address, and DEA registration number of the prescribing practitioner, and the name, address, and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7)(d)]
7. _____ A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed.
[R156-37-603(7)]
8. _____ After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL.
[R156-37-602(2)]

(Continued on the following page.)

9. _____ The maximum number of controlled substances that can be written on a single prescription form is one. [R156-37-603(3)]
10. _____ An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order. [R156-37-605]
11. _____ A prescribing practitioner in Utah may not dispense prescription medications to his/her patients except for manufacturers' samples. [58-37-2(1)(m) and 58-17b-102(28)]
12. _____ Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. [R156-37-502]
13. _____ A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment. [R156-37-604(2)]

CNM QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

(Continued on the following page.)

11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever been terminated from a position because of drug use or abuse?
21. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
22. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the following page.)

23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. _____ Do you currently have any criminal action pending?
25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

CNM INTERN LICENSE REQUEST

TO BE COMPLETED BY APPLICANT:

Name: _____ Telephone: _____

Address: _____

City, State, ZIP: _____

Name of Certifying Exam: _____ Date: _____

Employing Facility: _____ Telephone: _____

Address: _____

Date Employment Begins: ____/____/____

I hereby certify that I will not practice until I have been granted an Intern license. Once the Intern license has been issued, I will only practice under direct supervision of a supervising practitioner.

Signature of Applicant: _____ Date: ____/____/____

TO BE COMPLETED BY SUPERVISING PRACTITIONER:

Name: _____

Address: _____ Telephone: _____

Position or Title: _____ License Number: _____

I hereby certify that I am a licensed practitioner in good standing and I will supervise the practice of the above named nurse. I understand that I must provide direct supervision, and be on the same site as the applicant. However, if I am supervising a psychiatric mental health nurse specialist, I must provide general and direct supervision to the applicant.

Signature of Supervisor: _____ Date: ____/____/____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a _____ Certified Nurse Midwife

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is ____/____/____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ____/____/____ Expiration Date: ____/____/____

Continuously Licensed:

☐ Yes ☐ No, please explain: _____

Licensed By:

☐ Exam, Type: _____ Date: ____/____/____

☐ Endorsement, from what state? _____

☐ Waiver: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: ____/____/____

(SEAL)

PRACTICE AND REFERRAL PLAN

Do not return this form to DOPL. It must be kept on file at the practice site if providing Intrapartum Services.

Name of CNM: _____

CNM License Number: _____

Address of Practice Site: _____

Practice Site Phone Number: _____

Name of Consulting Physician: _____

Office Address: _____

Office City, State, ZIP: _____

Office Phone Number: _____

Physician/Surgeon License Number: _____ State: _____

DEFINITIONS:

Consultation: Process whereby a CNM seeks advice or opinion from a physician or other practitioner; may be done telephonically or in person.

Collaboration: Process whereby a CNM and physician co-manage the care of a patient who has become obstetrically complicated.

Referral: Process whereby a CNM directs a patient to a physician for management, the CNM may choose to provide on-going support services if appropriate.

(Continued on the following page.)

Conditions or risk factors requiring consultation. Use additional sheets if necessary.

Conditions or risk factors requiring co-management. Use additional sheets if necessary.

Conditions or risk factors requiring referral. Use additional sheets if necessary.

Exceptions to this Plan: In some circumstances it may be appropriate for a patient to be followed by a CNM in the presence of one or more of the conditions listed above. If a CNM and/or physician desires an exception to this plan, an agreement may be made between the CNM and physician.

I have read and agree with the Practice and Referral Plan stated within this document.

Signature of CNM: _____

Date: ____/____/____ Print Name: _____

Signature of Consulting Physician: _____

Date: ____/____/____ Print Name: _____

CONSULTATION AND REFERRAL PLAN

Do not return this form to DOPL. It must be kept on file at the practice site if prescribing Schedule II - III Controlled Substances.

Name of Nurse: _____

Specialty: _____

CNM License Number: _____

Controlled Substance License Number: _____

Federal DEA Number: _____

Address of Practice Site: _____

Practice Site Phone Number: _____

Age and Type of Clientele: _____

Name of Consulting Physician: _____

Specialty: _____

Office Address: _____

Office City, State, ZIP: _____

Office Phone Number: _____

Physician/Surgeon License Number: _____ State: _____

Controlled Substance License Number: _____ State: _____

Federal DEA Number: _____

(Continued on the following page.)

Describe the process of consultation including how it will be documented. Use additional sheets if necessary.

How will referrals be made?

Signature of Nurse: _____

Date: ____/____/____ Print Name: _____

Signature of Consulting Physician: _____

Date: ____/____/____ Print Name: _____